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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		<b>Application Number</b>	09/436,984
		<b>Filing Date</b>	November 9, 1999
		<b>First Named Inventor</b>	Shunpei YAMAZAKI et al.
		<b>Group Art Unit</b>	2823
		<b>Examiner Name</b>	William D. Coleman
Total Number of Pages in This Submission		<b>Attorney Docket Number</b>	740756-2063

<b>ENCLOSURES (check all that apply)</b>			
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____		
	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Other		
	Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.		

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>	
Firm or Individual name	Jeffrey L. Costellia – Reg. No. 35,483 Nixon Peabody LLP 8180 Greensboro Drive Suite 800 McLean, VA 22102
Signature	
Date	December 2, 2002

<b>CERTIFICATE OF MAILING</b>	
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DEC 06 2002

FEE TRANSMITTAL  
FOR FY 2002

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$290.00)

Complete if Known

Application Number	09/436,984
Filing Date	11/09/1999
First Named Inventor	Shunpei YAMAZAKI et al.
Examiner Name	William D. Coleman
Art Unit	2823
Attorney Docket No.	740756-2063

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None

 Deposit Account:

Deposit Account Number

19-2380

Deposit Account Name

Nixon Peabody LLP

## The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1001	2001	370	Utility filing fee
1002	2002	165	Design filing fee
1003	2003	255	Plant filing fee
1004	2004	370	Reissue filing fee
1005*	2005	80	Provisional filing fee
SUBTOTAL (1)		(\$ 0)	

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20** =	Extra Claims	Fee from below	Fee Paid
				0
Independent Claims	-3** =			0
Multiple Dependent		X		0

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	Fee (\$)
1202	2202	9
1201	2201	42
1203	2203	140
1204	2204	42
1205	2205	9
SUBTOTAL (2) (\$ 0)		

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1051	2051	130	65
1052	2052	50	25
1053	1053	130	130
1812	1812	2,520	2,520
1804	1804	920*	920*
1805	1805	1,840*	1,840*
1251	2251	110	55
1252	2252	400	200
1253	2253	920	460
1254	2254	1,440	720
1255	2255	1,960	980
1401	2401	320	160
1402	2402	320	160
1403	2403	280	140
1451	1451	1,510	1,510
1452	2452	110	55
1453	2453	1,280	640
1501	2501	1,280	640
1502	2502	460	230
1503	2503	620	310
1460	1460	130	130
1807	1807	50	50
1806	1806	180	180
8021	8021	40	40
1809	2809	740	370
1810	2810	740	370
1801	2801	740	370
1802	1802	900	900
Other fee (specify) _____			
*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) (\$290.00)			

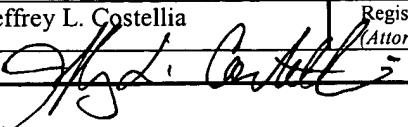
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Adele M. Stamp

Name: Adele M. Stamp

Complete (if applicable)

SUBMITTED BY	Complete (if applicable)		
Name (Print/Type)	Jeffrey L. Costellia	Registration No. (Attorney/Agent)	35,483
Signature		Telephone	703 770 9300
		Date	December 2, 2002